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Proposition 10 – State Implementation

The California Children and Families Commission (State Commission) was formed shortly after California voters approved *Proposition 10* in November of 1998 and the Legislature codified the Proposition as *The California Children and Families Act of 1998* (the Act).

Proposition 10 increased the tax on tobacco products by \$.50 per pack and an equivalent amount on other tobacco products. The Act also created a trust fund for revenues collected, of which, 80% are to be distributed to the 58 individual California Counties. The remaining 20% will support statewide programs and research.

Proposition 10 funds are to be used exclusively to promote, support, and improve the early development, of children from the prenatal stage to age five, through a comprehensive and integrated delivery system of information and services.

The California Children and Families Initiative (*Proposition 10*) is based on research stressing the importance of early physical, emotional and intellectual nurturing as the foundation for later development. Investing in our children during their earliest years, by providing their parents and caregivers the tools necessary to foster healthy, loving relationships, will not only prepare these children for academic success, it will positively impact the quality of their later lives. To this end, the Act identifies three focus areas for implementation:

1. Parent Education and Support Services
2. Childcare and Early Education
3. Health and Wellness

The California Children and Families Commission considers the following dimensions of child development to be important:

- **Physical development:** Meeting children's basic needs for

protection, nutrition and healthcare.

- **Cognitive development and social-emotional development:**

Meeting children's basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery, and active involvement in learning and experimentation within a safe and stimulating environment.

The State Commission has identified three strategic results - or outcomes for improvement - that emanate directly from the Act:

1. Improved Family Functioning- Strong Families
2. Improved Child Development- Children Learning and Ready for School
3. Improved Child Health- Healthy Children

According to the Act, each California County Board of Supervisors must appoint a Children and Families First Commission to oversee planning and distribution of the *Proposition 10* fund in its county. County Commissions receive revenues generated by the Prop 10 tobacco tax based upon the annual recorded births to county residents. It is expected that allocations will dwindle over time, based on decreasing revenues generated from tobacco sales.

Each County Commission must develop a comprehensive strategic plan that outlines how the Commission will utilize the revenues generated by the tax. Health and Safety Code Section 130140 (1)(C)(ii) of the Act Requires County Commission strategic plans to include, at a minimum, the following components:

1. A description of the goals and objectives proposed to be attained;
2. A description of the programs of the programs, services and projects proposed to be provided, sponsored or facilitated; A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators; and
3. A description of how programs, services, and projects relating to early childhood development within the county

will be integrated into a consumer-oriented and easily accessible system.

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San Benito County Profile

San Benito County is located in California's central coast region, between the Santa Cruz and Diablo Mountain ranges. The county is approximately 40 miles inland from Monterey and 95 miles south of San Francisco. The larger, more populous counties of Merced, Monterey, Santa Cruz, Santa Clara and Fresno border San Benito. The county encompasses 13,096 square miles.

In 1995, San Benito County's population was 43,044. The projected population for the year 2000 is 50,700. During the next five years, growth is expected to continue at a rate of 3.9-4.2%. Recently, *The Center for Continuing Study of the California Economy* named San Benito County as the fastest growing county of the decade. In 1999, San Benito tied with Placer County for having the largest percentage of growth in the state.

Like most counties in California, San Benito is experiencing a shift in majority culture. Ethnic distribution in the county is approximately 51% Caucasian, 47% Hispanic, 1.5% Asian/Pacific Islander, 0.8% Native American, and 0.5% African American. Hispanic children comprise over half of the of the total youth population under the age of 18 (56.5%).

In 1998, there were 915 births to families residing in San Benito County; however, 361 (39%) of these children were born in other Bay Area Counties. In 1999, the number of children aged 0-5 was 5,286. This population is expected to increase to 6,167 by 2004. Of 1,686 children in San Benito County who are children of resident and non-resident migrant workers, 421 (25%) are ages 0-5

Unemployment rates vary with seasonal work, but in 1999 the unemployment rate remained at 8% while California's rate dropped to 5.3%. About one quarter (23%) of workers commute to Santa Clara County. Of those who work in San Benito County, 22.3% work in Agriculture and 16.7% work in retail. These are the two fastest

growing sectors of the San Benito economy and they are two of the lowest paying sectors. In 1996, 36% of children in San Benito County lived in poverty (based on incomes of lower than \$29,000 for a family of four).

San Benito County, with a mix of row crops, orchards and cattle ranches, has long been thought of as a rural, agricultural community; however, as the area becomes a bedroom community for Silicon Valley, there continues to be significant growth. Currently, the population is 52.4% urban. Most of the county's residents live in the County's two incorporated cities, Hollister, the County seat, and San Juan Bautista, which is located approximately eight miles west of Hollister.

The remaining 47.6% of San Benito County's population is rural. To the south of Hollister are the unincorporated communities of Tres Pinos, Paicines, Panoche, Pinnacles, New Idria, Bitterwater and Bear Valley. The small community of Aromas, 10 miles west of San Juan Bautista, actually lies within the three counties of San Benito, Monterey and Santa Cruz. People must travel vast distances on rural roads to access goods and services in Hollister. These roads are, at best, narrow and dangerous, and many rural residents live on isolated ranches that are only accessible by gravel and dirt roads.

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Commission Development

The San Benito County Board of Supervisors adopted Ordinance 726 to establish the San Benito County Children and Families Commission. The Board appointed seven members to the Commission. The Commissioners represent the service areas of county government, public health, social services, education, and early childcare and child learning. The Commission appointed the San Benito County Child Welfare Commission as its official advisory body.

San Benito County Children and Families Commission Members

Marilyn Coppola	Director, San Benito County Health & Human Services Agency
Donna Caffiero Commission Chair	Community Representative
Kim Dryden, RN	Special Projects Coordinator, San Benito County Office of Education
Bob Cruz	County Supervisor, 5 th District
Elizabeth Falade, M.D., MPH	San Benito County Health Officer
Ruth Kesler Council	San Benito County Childcare Planning
Luciano Medeiros	Principal, Tres Pinos Elementary School

The Commission has conducted public meetings on, at least, a monthly basis since its inception. It is the charge of the Commission to administer and allocate the annual Prop 10 funds. Before funds can be allocated for programs and services, the Commission must be adopt a comprehensive plan that identifies strategies for improvement and support of early childhood development in San Benito County. The Commissioners have put forth a considerable effort to conduct a thorough and timely planning process that addresses the unique needs

of San Benito County's youngest children and their families. The plan that is presented here is the product of work conducted by the Commission and contains the input of advocates, professionals, parents and primary caregivers.

The San Benito County Children and Families Commission believes that *all* children and families in San Benito County deserve to have access to programs and services that promote health and well-being for the *whole* community. It is the hope of the Commission that the work that they do now, and in the ensuing years, will result in a community where children will be safe; where parents will understand the importance of early prevention and intervention strategies that will keep their children healthy; and that today's children will grow to be tomorrow's leaders.

Our Vision

All San Benito County children and their families will reside in a safe, healthy and nurturing environment, enjoy equal access to resources and realize their unique potential with a strong sense of responsibility to self and community.

Our Mission

The San Benito County Children and Families Commission will engage in collaborative and county-wide planning and quality assurance efforts to provide all children, prenatal to five years of age, with a comprehensive, integrated system of early childhood development services. Through the integration of healthcare, quality childcare, parent education, and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy, and loving attachments. These attachments will lay the emotional, physical, and intellectual foundation for every child to enter school ready to learn and develop the potential to be productive, well adjusted members of society.

The Strategic Planning Process

Following the initial steps of establishing and organizing the Commission's functions, the Commissioners undertook a process of uncovering information that would help them determine the best, and most timely, plan of action for getting the Prop 10 funds to the community.

The Commissioners recognized that there were several steps that they must take in the planning process that would help them develop a rationale for future decisions. These steps included:

- **Organizational Structure Development** to create an operational framework within which the Commission would implement its mission;
- **Data Collection and Research** to identify services available, needs, and gaps in services, and best practices for reaching the targeted population;
- **Community Outreach** to inform the public about *Proposition 10* and to elicit community input to the planning process, and;
- **Strategic Plan Development** to create a roadmap for service delivery that includes measurable outcomes for services and programs.

Organizational Structure Development

During their earliest meetings, the Commission adopted bylaws, elected officers and appointed the Child Welfare Commission as their official advisory committee. The Commission also set up the Children and Families trust account. This interest bearing account holds funds that have been allotted to the Commission to date from the *Proposition 10* tobacco tax account.

The Commission has hired a part time administrative staff person. The San Benito County Health and Human Services Agency has provided office space for the administrative assistant to date. Following adoption of the strategic plan, the Commission will hire a program manager to oversee implementation and review of the strategic plan. San Benito

County will act as the administrative agency for the Children and Families First Commission and will house the commission staff.

In order to keep planning costs at a minimum during the planning process, the Commission took two actions: First, the Commission conducted a thorough review of existing recent reports containing information relevant to children prenatal to five years old and their families. This action eliminated costly duplication of recent efforts. Second, the Commission requested planning assistance through the California Prop 10 Technical Assistance Project. The California Center for Health Improvement provided a strategic planning consultant to assist with development of the written plan. The consultant's services were at no cost to the Commission. The Commission adopted an ambitious schedule to complete the strategic plan by the end of the fiscal year 1999-2000 (June 30, 2000). The planning process included decision making regarding staffing and administration of the Commission, funding priorities and allocation plans, and developing ongoing process and program evaluation methods.

Data Collection

Commission members gathered and reviewed recent research in early childhood development, including information that was available from the California Children and Families Commission and other County Commissions.

As noted above, considerable recent data exists that enabled the Commission to complete a county-wide needs assessment and asset review at a minimal expense. The Commission gathered several recent local and statewide documents, from which they were able to determine the current status of San Benito's youngest children and their families. A synopsis of the information gathered from these sources is included in section five of this document. Three reports that were of particular assistance in identifying community needs and assets were:

- *San Benito County Data Summary of Health Indicators*, San Benito County Department of Health and Human Services, 1999.
- *Community Health Assessment 1999: Summary of Findings*, San Benito County Health & Human Services Agency, Maternal, Child &

Adolescent Health Program, 1999.

- *San Benito County Childcare Needs Assessment*, Local Childcare Planning Council, October 1999.

Community Outreach

In addition to the review of existing information, the Commission called on many agencies and community-based organizations to help them develop a picture of needs and services in the county. Commissioners held focus groups with healthcare providers and kindergarten teachers. They also gathered input from the Childcare Planning Council, the Child Welfare Commission, local Healthy Start programs, The San Benito Health Foundation, Community Solutions, San Benito County Department of Community Services and Workforce Development, San Benito County Office of Education, Family Preservation and Support and San Benito County YMCA,

Finally, the Commission developed a survey for parents and caregivers that they disseminated in English and Spanish, county-wide, through service providers and at community celebrations. The survey was also printed in local newspapers. This survey built on the reports (noted above) of the Health and Human Services Agency Maternal, Child and Adolescent Health Program of their the recent health profile and a lifestyle surveys. The Commission's survey focused on the needs of children, prenatal to five years old and gave community members an opportunity to voice their ideas about utilization of Prop 10 funding.

Plan Development

Using all of the information gathered, the Commissioners identified the services and programs that are available in San Benito County; determined where there are gaps in services; and reviewed promising programs and best practices. Based on a compendium of the information gathered, the Commissioners prioritized the needs of very young children and their families in San Benito County and developed strategies to improve the status of this segment of the County's population

Because of their commitment to remain attentive to the changing dynamics in the county, the Commission considers the process to be fluid and ongoing, and it will continue to be so, even after the

adoption of a strategic plan. To this end, the Commission will undertake annual review and updating of the plan based on evaluation of the program and process indicators.

The Commission members recognize that other county commissions have done significant work on their strategic plans. They reviewed several plans to assist the in developing a strategic plan for San Benito County. Some of the plans that the Commission reviewed include: Santa Barbara County, Sonoma County, Kern County, Monterey County and Mendocino County. Further, the Commission utilized three resources provided by the California Children and Families Commission as tools for creating strategies, indicators and results that would be in keeping with *Proposition 10* priorities: *Strategic Planning Guidelines*, *The Results Document*, and *Draft Objectives and Priorities for Program Funding*

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Community Assessment

The Commission gathered a wealth of information regarding the existing needs and conditions of children during its planning process. This information included recently completed assessments and valuable insights provided by community agencies and organizations. Medical and Dental Providers and kindergarten teachers participated in two focus groups and the Commission conducted a survey of community residents to further evaluate the needs of the youngest children in the County. The highlights of the information gathered from surveys and focus groups are presented below.

Recent Data

In the late spring of 1999, The San Benito County Health and Human Services Agency's Maternal, Child and Adolescent Health Program conducted a community health assessment. Using two surveys, the agency obtained information about: 1) people's opinions about the health of the community, and 2) individual lifestyle/risk behaviors. Survey respondents were recruited at shopping centers, clinics, PTA meetings, churches, community meetings, migrant camps, and by personal contact. The Commission reviewed the findings of these surveys as a first step in understanding the needs and strengths in the community relevant to the population of prenatal to age five children and their families.

A total of 762 San Benito County residents completed a fifteen-item field-tested questionnaire about their perceptions of community health. Of these respondents, 78% were women, 50% were Latino, 40% were White, and 10% Asian/Pacific Islander, Native American, African American. The respondents were aged 14 or older and 53% were married.

Survey respondents were asked what the most important factors are for a "healthy community." Among the top responses were:

- **Low crime and safe neighborhoods (52%)**
- **Good Schools (42%)**
- **A safe place to bring up kids (40%)**
- **Access to healthcare (27%)**

- **Affordable housing (21.8%)**
- **Strong family life (19.4%)**

In response to a question about the "health problems" in San Benito County, the respondents cited:

- **Teen pregnancy (41.2%)**
- **Domestic violence (24.9%)**
- **Affordable housing (22.7%)**
- **Child abuse (15.4%)**

Survey respondents also ranked "Risky behaviors" that they believe are present in their county:

- **Alcohol abuse (61%)/drug abuse (46.5%)**
- **Dropping out of school (35.2%)**
- **Unsafe sex (31.3%)**
- **Lack of exercise (21%)**
- **Tobacco use (16.8%)**
- **Racism (15.2%)**
- **Not using seatbelts/child safety (13.3%)**
- **Not getting immunizations (10.5%)**

The Community Health Assessment also included a lifestyle survey. Five hundred and five San Benito County residents responded to this survey. Of these, 73% were women, 49% were Latino, 40% were White, and 11% were Asian/Pacific Islander, African American or Native American. Sixty-six percent (66%) of respondents were married and 63% had children under the age of eighteen. Forty-four percent (44%) reported incomes of under \$30,000 and 24% had not graduated from High School.

Much of the information gathered from the 77-item lifestyle survey helped the Children and Families First Commission to understand the factors present in San Benito families that affect outcomes for our youngest children:

- **Education is significantly related to many outcomes and emerges as more important than race in predicting behavior. In San Benito County education is strongly linked to income, health insurance status, less health and dental care for people and their children, eating less because there is not enough money for food.**

- Access to healthcare and dental care for families and children is impeded by lack of insurance and lack of money.
- Distance to providers and lack of providers who accept their insurance coverage (including Medi-Cal) prevented some people from accessing medical care.
- Most respondents rank breastfeeding a baby for the first six months of its life as important or very important, yet nearly half reported breastfeeding their most recent baby three months or less. Nearly three-fourths intended to breastfeed their next baby for four months to one year.
- Sixty-five percent (65%) reported that it is not easy to find childcare. When childcare is used it is provided by:
 - Pre-school/Head Start/other licensed (10%)
 - Licensed home daycare provider (5.3%)
 - Non-licensed home daycare provider (1.6%)
 - Friend's house (7.3%)
 - Relative's house (14.7%)
- Lack of education about nutrition and the importance of exercise and lack of money for food affects the decisions many adults make about their habits and those of their children. Over half of parents reported that their youngest child eats doughnuts, cookies, cake, pastry or pie from one to five times every day.

The Commission also reviewed the findings of the San Benito County Childcare Planning Council's 1999 needs assessment to identify the unmet childcare needs of families in San Benito County. Based on the information from this survey, the Commission concluded that the following factors affect families' ability to access childcare in San Benito County:

- There is an overall vacancy rate of only 4% in all area licensed childcare centers. In 1999 there were 400 children on waiting lists for subsidized childcare and 160 children were on waiting lists for non-subsidized care.
- According to 1990 Census data, 2,650 children were income eligible for subsidized childcare, yet in 1999 only 494 children were being served.

- Countywide, there is a significant lack of subsidized daycare services. This need is greatest in the outlying communities.
- There is a significant need for infant care and respite care in San Benito County.
- Only 25% children with special needs are enrolled in area licensed childcare center programs.
- While 1990 census data indicates that 6,333 San Benito County children were not income eligible for subsidized childcare, 3,002 of these children were in families with incomes at or below 84% of the State medium Income level.

Input from Community Agencies and Organizations

In addition to reviewing current needs assessments, the Commission gathered reports and valuable input from other agencies and community organizations. Those agencies and organizations providing input and recommendations to the planning process were: The Child Welfare Commission, San Benito County YMCA, San Benito Healthcare Foundation; Healthy Start, Growth and Opportunity, Community Solutions, San Benito County Department of Community Services & Workforce Development and San Benito County Family Preservation and Support.

Some issues that emerged from the input of these organizations included:

- Lack of transportation affects access to needed medical and social services, childcare and school.
- There is a lack of services available in outlying areas of the county.
- Lack of subsidized infant care affects the ability of teen parents to stay in school.
- Lack of affordable housing, including rental housing, is a major concern in San Benito County and over 100 families with children are on a transitional shelter waiting list.
- After school and recreational activities for families and children would serve as preventative measures for risk behavior.

As the advisory body to the Commission, the Child Welfare Commission made the following recommendations for use of *Proposition 10* funds in San Benito County:

1. Conduct comprehensive media campaigns to educate the community about the resources available;
2. Support community based centers for information, education and referral;
3. Provide nutrition education and supplementation for children in need;
4. Conduct parent education for *all* families, not just those receiving CPS services, and;
5. Improve the ability for children to receive quality center based childcare and preschool opportunities.

Focus Groups

On January 5, 2000 Commission members conducted a focus group with kindergarten teachers who voiced many concerns about the readiness of children entering kindergarten in San Benito County:

- Many children entering kindergarten are not prepared for the school experience. They don't know songs, lack appropriate motor skills, cognitive skills, and social-interaction skills.
- There is a discrepancy in the quality of pre-school, childcare, and parenting children receive.
- Children come to school hungry, with poor hygiene and unhealthy; some health issues are stress related.
- Parents and teachers lack information about local resources that are available for children.
- Mental health and dental needs of children are not being met.
- There is a lack of parent knowledge and involvement.

The teachers identified the following opportunities that might be provided by *Proposition 10* funding:

1. Support development of pre-school teachers through mentoring programs with elementary teachers;

2. Provide professional development opportunities and support ongoing education for childcare and pre-school providers;
3. Expand Healthy Start eligibility;
4. Provide district-wide pre-school;
5. Provide alternative to Kindergarten for children who are not ready;
6. Experienced Kindergarten teachers as mentors for home visits and parent education programs;
7. Provide parenting classes as part of adult education programs; and,
8. Conduct early pre-kindergarten screening (age 3) with referral system for at risk children

On February 2, 2000, Commission members met with medical and dental providers who discussed the challenges in San Benito County regarding medical care:

- **Parents lack awareness of dental prevention/intervention/maintenance/hygiene.**
- **Lack of continuity in immunization.**
- **Need for more "new mom" education.**
- **Parent education is needed that is culturally competent.**
- **Need for better communication, information sharing between service and medical providers.**
- **Insurance reimbursement for immunizations is low (at or near cost) resulting in many doctors not providing immunization services.**

The medical and dental care providers made the following recommendations for increasing resources in San Benito County:

1. Provide information and educational services that are culturally and linguistically appropriate;
2. Train and support providers, mentors and health advocates from within communities (bilingual/bicultural) to promote health awareness;
3. Improve communication between providers;
4. Track migrant families with health card system;
5. Provide parenting classes, including nutrition education, infant care for pregnant teens, prenatal courses, breastfeeding, the importance of immunizations; and,

6. Conduct "road shows" at worksites and at community centers.

Prop 10 Community Survey

The final information that the Commission considered in its planning process was the input gathered from the community survey that they had disseminated through the local news media and area service providers. This open response survey was designed to elicit the opinions of parents and community members regarding the needs of San Benito County's children aged zero to five and their families. There was a low response to the survey, due to the time limits the commission faced in completing the strategic plan; however, community input will continue to be added to the Commission's ongoing planning and decision-making process. The following section outlines the questions and most common responses to the survey.

What are your hopes for children in San Benito County?

- Good education;
- Good preschool learning goals;
- To be able to get better health services;
- To grow up in a safe community;
- To grow up in a fun community;
- To grow in a healthy community;
- Safe, clean homes with enough food, care, and love;
- Affordable housing;
- No smoking in front of or near kids.

What would you change to benefit children?

- Provide low cost recreation classes/activities;
- Allow "childcare health provision" for all children 5 yrs. & under, regardless of income;
- Too many teens having children;
- More transportation;
- Educate parents;
- Availability of services and resources;
- Quality pediatric care;
- Pediatric care for Medi-Cal clients;
- Need higher paying jobs;
- More teachers/teachers aids;
- More childcare/preschools;

What do San Benito County children need to be/stay healthy?

- Good nutrition.
- Good healthcare services.
- Organized play groups or play areas to help with their development.
- Mental health services.
- Dental care.
- Affordable health insurance.
- Exercise.
- Good and responsible parents.
- More doctors accepting Medi-Cal patients.
- immunizations for all children.
- More programs like "WIC".

What do San Benito County children need to be ready for school?

- Good home life.
- Centrally located preschools.
- Information about programs.
- Immunizations.
- Parents who get involved.
- Low cost preschool.
- Good programs like "Head Start".
- Educate parents so that they can educate their kids.
- Bilingual preschool.
- ESL programs.

What are your comments/concerns about childcare/preschool?

- Need transportation.
- Preschool for migrant children.
- Must be family-friendly.
- Not enough good, trained childcare providers.
- Availability of inexpensive childcare.
- Availability of licensed childcare providers.

What would make your family stronger?

- Financial stability.
- Counseling for families.
- More communicating between parent and child.
- Better awareness of services/resources available.
- Education.

- Domestic violence/violence prevention.
- Parenting classes.
- Educate parents about drug abuse prevention.

If you had a bunch of money to spend to help little children in your community to be healthy and ready for school, and to strengthen families, what are the top two things you would do?

- Fund childcare/preschools.
- Make sure all kids have all of their immunizations.
- Provide parenting classes.
- Provide activities for the entire family.
- Support education programs.
- Transport people.
- Prepare children for school.
- Provide health insurance /Low cost or free medical and dental services
- Organize good programs that are always accessible.
- Help people to be able to get medical services

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Commission Priorities

Through its outreach activities, the Commission members collected and reviewed an extensive body of information and heard a broad range of opinions regarding the current condition of the community. They used this baseline information to set priorities that not only address the needs of the residents of San Benito County, but also are in accordance with the intent of the Act.

With the compendium of information that they had gathered, the Commission members developed priority statements based on the intent of the Children and Families Initiative: Parent Education and Support Services; Childcare and Early Education; Health and Wellness; and Integrated Service Delivery Systems.

Parent Education and Support Services

1. Parents in San Benito County need education and support services to ensure that they understand and develop healthy parenting

skills and are capable of providing nurturing, safe and healthy environments in which their children will learn and thrive. Parent education programs should teach parents about physical, social and emotional child development, and provide linkages to support services and resources.

Childcare and Early Education

2. Many children in San Benito County enter school without the skills and preparation needed in order to be ready to learn. Pre-school age children in San Benito County need opportunities to learn in environments that are safe, stimulate cognitive development, and meet the child's social and emotional needs. These environments should include daycare and pre-school settings as well as in the home.

Health and Wellness Services

3. Children and Families in San Benito County need access to healthcare that includes prenatal care and infant/childcare to ensure that children are born healthy and continue to thrive physically and emotionally. This care should include prevention of childhood diseases, injuries, and abuse caused by alcohol, tobacco and other drugs, domestic violence and other high risk behaviors; and include identification and early intervention services for children with special healthcare needs.

Integrated Service Delivery Systems

According to the Act, County Commissions must integrate programs and strategies into "a consumer oriented and easily accessible system." The Commission recognizes that in order to promote optimal conditions in San Benito County, it is important to build systems that increase access to care and services by linking providers, maximizing opportunities, and empowering families to access the services they need. While the theme of integrated and accessible services is woven throughout the plan, the Commission adopted the fourth priority to underscore the importance of this concept:

4. San Benito County needs a comprehensive, consumer oriented system of services for families and that are integrated, accessible, inclusive, culturally, linguistically and socially appropriate.

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Definition of Terms

Many terms are presented in the plan. The following definitions might be useful:

Objective—description of the desired change that is measurable and achieves the intended result.

Result—defines the broad and long term improvements desired for the population of children prenatal to five years old and their families, in San Benito County.

Short-term indicator—process measures that indicates how well program service delivery is working (e. g. number of pregnant women attending prenatal classes with information about smoking, substance abuse, and nutrition).

Long-term Indicator—or benchmark, a measure, for which data is available, which helps quantify the achievement of the result (e.g. decreased percent of low birth weight babies).

Healthy Children—are well nourished, rested, safe from preventable injuries and illnesses, free from the effects of abuse, neglect, substance abuse and environmental toxins, and demonstrate developmental growth and function within normal ranges. This condition is as a result of comprehensive medical and dental treatment, beginning with the prenatal care received by their mothers.

Children ready for school/Ready to learn:—possess developmentally appropriate social, emotional, behavioral, intellectual and physical skills in order to be able to interact with their peers and adults and can adapt to the school experience.

Parent—anyone who carries responsibility for raising a child, including biological parent, stepparent, adoptive parent, foster parent, relative (e.g. grandparent), a sibling, extended family member, expectant father, pregnant mother.

Family Resource Center—a centralized, family friendly, easily accessible location that acts as a central point of delivery or referral for a variety of services.

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Objectives and Strategies

This section of the strategic plan outlines objectives for addressing each of the priority areas adopted by the Commission. For each strategic objective there is a desired result presented and a rationale for selecting the objective. A list of strategies follows the objective. These strategies represent the types of programs and support systems that the Commission believes to be the best way to achieve the desired results. These are the types of programs and services that the Commission will support with *Proposition 10* funds. Following the strategies, lists of short and long term indicators provide an example of the evaluation measures with which the commission will measure the success of its programs over time.

It is clear that each of the priorities is interrelated, as are the desired results; it is nearly impossible, for example, to describe parent education programs without also discussing child health and wellness. An effective parent education program, would, in fact, address issues such as child safety, child abuse prevention, prenatal care, etc. It is expected that many of the projects that the Commission will support will address more than one, and perhaps all, of the priorities outlined below. The Commission will fund programs and services through a request for proposal process that will be based on based on an evaluation of best practices and availability of funds to support various programs and projects.

Integration of services and systems, while presented as a priority area on its own, is also interwoven into each of the other three priority areas. Because successful systems integration is paramount to the success of the Commission's work, this priority represents the overarching principles to which the Commission will adhere in all programs, projects and activities that it undertakes or supports.

Focus Area: Parent Education and Support Services

Priority

1. Parents in San Benito County need education and support services to ensure that they understand and develop healthy parenting skills and are capable of providing nurturing, safe and healthy environments in which their children will learn and thrive. Parent education programs should teach parents about physical, social and emotional child development, and provide linkages to support services and resources.

Objective: Increase the knowledge and skills of expectant parents, parents, and families in order that they may provide children with safe, healthy and nurturing homes.

Result: **Improved Family Functioning—Strong Families:** Community based parent education and support systems will assist parents, and primary caregivers to foster, nurture, educate and provide safe and loving environments which will result in improved family functioning: Families will be strong and able to provide safe and loving homes for their children.

Rationale: "Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parent or primary caregiver with the child that shapes the child's view of himself or herself and as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child's ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a predictive and fulfilling life." (California Children and Families Commission Guidelines, 1999, p. 8).

Strategies:

- A. Support existing parent/family/caregiver activities aimed at prenatal and early care and education.
- B. Support community-wide development of parent/caregiver/family support groups and educational programs through partnerships with employers, businesses, clinics, physicians, schools, ESL programs, family literacy programs, community resource centers, faith communities, cultural organizations
- C. Support localized parent/caregiver education centers at a variety of accessible locations such as school-sites, community resource centers, faith centers, clubs and cultural organizations.
- D. Support the development of programs directed to the needs of grandparents, foster parents, and other significant caregivers.
- E. Support education programs that promote and increase father involvement in early childhood care and nurturing.
- F. Adopt standards for curriculum that are based on current research on, and methodology for, parenting skills, early child-hood development, nutrition, special needs, home safety, drug/alcohol/tobacco abuse, violence prevention, stress reduction, prenatal health that strengthen families' ability to provide early care and prevent abuse and neglect.
- G. Adopt standards for educational curricula and materials that are culturally relevant and linguistically appropriate.
- H. Develop linguistically appropriate outreach and community awareness campaigns regarding the importance of early childhood development and the availability of resources using hot/warm lines, print, radio, public access television, brochures and other media sources.
- I. Support resource and referral services through providers, hot lines and warm lines.
- J. Support programs that train parent mentors from within the community.
- K. Support transportation strategies that enable parents to participate in educational programs.

Short Term Indicators:

- Increase in the number of programs.
- Increase in the number of participants.

- Increase in the number of content and culturally appropriate programs based on content survey.
- Increase in the number of fathers/grandparents and other caregiver participants.
- Increase in the number of hotline/warm lines.
- Increase in community awareness of resources, as based on community surveys.
- Increase in the number of parent mentor programs and parent mentors.

Long Term Indicators:

- Decrease the number of CPS referrals/reports.
- Increase in school attendance rates.
- Increase in breastfeeding rates.
- Increase in rates of women receiving prenatal and postnatal care.
- Increased capacity to provide parental education.
- Increase in adult literacy rates.
- Increase in the number of children ready to attend school by age five.

Focus Area: Childcare and Early Education

Priority

2. Many children in San Benito County enter school without the skills and preparation needed in order to learn. Pre-school age children in San Benito County need opportunities to learn in environments that are safe, stimulate cognitive development, and meet the child's social and emotional needs. These environments should include daycare and pre-school settings as well as in the home.

Objective: Increase opportunities for children to receive quality childcare and development resources within communities in San Benito County.

Result: **Improved child development: children learning and ready to enter school.** Improvements in the quality of childcare and early education programs, increased numbers of childcare and early education programs available, and increased accessibility to childcare and early education will promote optimal child development, family stability and economic independence.

Rationale: "The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. The National Association of Elementary School Principals has stated the 'better childhoods' would be the single greatest contributor to improvement in school achievement." (California Children and Families Commission Guidelines, 1999 p 8).

Strategies:

- A. Support the expansion and availability of Head Start and other quality subsidized programs to income eligible families.
- B. Support quality programs that are on a sliding scale basis to serve families who are not income eligible for subsidized care.
- C. Support programs that encourage and empower teen parents to stay in school.
- D. Support programs that provide infant and respite care and care for children with special needs.
- E. Support recruitment, training and ongoing professional development of care providers.
- F. Support programs that increase childcare provider skills regarding infant and child health and safety.
- G. Support programs that encourage parent involvement.
- H. Support school-site based programs and others that network and coordinate with schools and school teachers.

Short Term Indicators:

- Increase in the number of childcare and preschool programs.
- Increase in the number of children enrolled in daycare/preschool programs.
- Increase in the number of providers participating in ongoing education programs.
- Increase in the number of trained/licensed providers.

Long Term Indicators:

- Increased kindergarten readiness.
- Increased adult literacy statistics.
- Increase in educational level attained by parents.
- Increase in the number of teens finishing high school.
- Decreased unemployment rates.
- Decreased unintentional injuries to infants and children.

Focus Area—Health and Wellness Services

Priority

3. Children and Families in San Benito County need access to healthcare that includes prenatal care and infant/child care to ensure that children are born healthy and continue to thrive physically and emotionally. This care should include prevention of childhood diseases, injuries, and abuse caused by alcohol, tobacco and other drugs, domestic violence and other high-risk behaviors; and include identification and early intervention services for children with special health care needs.

Objective: Increase parent and children's access to comprehensive prenatal and infant/child health services that include special needs, physical, dental and psychological health and prevention services.

Result: **Improved Child Health: Healthy Children.** Children are born healthy and receive the care they need to grow and thrive

Rationale: "Children who are healthy in mind, body and spirit grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, healthcare, nurturing and guidance, and mental stimulation, and they live in families and communities that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments." (California Children and Families Commission Guidelines, 1999, p. 9).

Strategies:

- A. Support programs that promote insurance coverage for children.
- B. Increase parent awareness of support services.
- C. Support coordinated early screening programs that link families with comprehensive healthcare services.
- D. Support immunizations, health events and community events that link families with comprehensive healthcare services.

- E. Support community -based access to healthcare such as mobile services, establishment of health services at community resource centers, and home visiting programs.
- F. Support programs that provide transportation to healthcare services.
- G. Support programs that provide services in the primary languages of those they serve.
- H. Establish and support prevention-based community health education, including family planning, nutrition, oral health, breast feeding, stress reduction, environmental health and safety, second hand smoke and smoking during pregnancy.
- I. Provide every new mother in San Benito County with a home visit within 2-3 days of the birth of her baby.
- J. Supply every new family with a "welcome baby" kit and a San Benito County Resource guide.
- K. Support and enhance home visiting programs by increasing the number of nurses and trained paraprofessionals who staff the programs.
- L. Support collaboration through participation in multi-disciplinary team approach to community health services to ensure that people get the services they need.

Short Term Indicators:

- Increase the number of parents who report that they can access services they need in the language they speak.
- Increase the number of providers participating in coordinated systems of care.
- Increased early prenatal care.
- Increased number of children and families who are referred for services
- Increased number of community based services available number of prevention based programs.
- Decreased teen birth rates.
- Increased number of home visits.
- Increased number of trained home visitors.

Long Term Indicators:

- Increase the number of service providers.
- Increase the number of children who have MediCal or Healthy Families coverage.
- Increase the number of children with primary care providers.
- Increased immunization rates.
- Increased capacity to provide perinatal services, immunizations, mental health services for children.
- Decreased number of accidental injuries.

- Decrease in the number of children exposed to toxins and secondhand smoke.
- Increased number of healthy births.
- Decreased number of low birth weight babies.
- Increased ability of service providers to screen and appropriately refer children for health/psycho-social and development assessment.
- Increased breast feeding rates.

Focus Area: Improving Access and Connecting Service

Priority

5. San Benito County needs a comprehensive, consumer oriented system of services for families and that are integrated, accessible, inclusive, culturally, linguistically and socially appropriate.

Objective: Increase countywide capacity to provide a wide range of services and support systems for parents and families with children, prenatal to age five, regardless of geographic, cultural, linguistic, social or financial barriers.

Result: **Improved Systems for Families: Integrated, accessible, and culturally appropriate services.** Services are consumer oriented and provide families with single point of entry access to a system of resources and services.

Rationale: Family-centered and coordinated resources, provided in the primary language of the consumer, enable parents to overcome the challenges they face in receiving the level and type of care they need. "Research shows that participation in family-centered early intervention services during the first years of a child's life can have significant positive effects on the cognitive development, social adjustment and overall development of at-risk children and their families." (California Children and Families Commission Guidelines, 1999, p. 27).

Strategies:

- A. Facilitate efforts to develop local collaboration between schools, childcare workers, early childhood and family service providers, government, non-profit organizations, businesses, the faith community, parents, and other community members.
- B. Provide educational resources to collaborative partners about strategies for effective integration of systems, such as reaching underserved populations with culturally competent services, and results based accountability methods
- C. Engage the public in policy and decision making through ongoing public input such as hearings, focus groups, surveys
- D. Support collaborative efforts that maximize resources by leveraging fund allocations
- E. Support programs that enhance or increase services without duplicating and/or supplanting existing resources
- F. Develop a consistent system for collecting, evaluating and reporting results for children prenatal - five years old in San Benito County.
- G. Support or establish co-location of services at family resource centers in community centers, schools, churches and other easily accessible, user friendly community sites
- H. Develop systems that improve family resource access and referral methods, such as implementing and/or enhancing multi-disciplinary teams
- I. Support programs that provide transportation to service providers, such as church vans or bus vouchers.
- J. Support programs and services, including hot/warm phone lines, in the primary languages of the families using the services.
- K. Support programs that are ethnically and culturally reflective of their communities
- L. Provide a San Benito County Resource Guide to every family with a newborn child in the primary language of the recipient
- M. Conduct media outreach via print, radio, television, and internet, in English and Spanish, to educate the community about existing resources

Performance Indicators

- Increased number of organizations working collaboratively.
- Increased funding obtained through leveraging.
- Increased number of localized family resource centers.
- Increased number of people accessing services
- Increased number of culturally appropriate services.
- Coordinated systems in place for resource and referral.
- Increased training and support provided by the Commission for creating/enhancing collaborative efforts.
- Strong systems in place for comprehensive data collection, evaluation and dissemination.
- Increased number of childcare workers who participate in ongoing educational opportunities.
- Increased Spanish language referral and services available.

Long Term Indicators:

- Sustainable family resource and referral programs and services throughout San Benito County.
- Children and families linked with appropriate services.

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Results Accountability

Each proposed *action* identified in the strategic plan has a corresponding *result*, or positive outcome, expected from implementing the action. Achieving these results will take time, but it is critical to set-up a comprehensive process by which the capacity to provide effective services and long term child and family results will be measured.

Indicators, or measures by which the Commission may assess changes in the community, are presented as *short term* and *long term* in the strategic plan. Short term indicators represent measures that evaluate progress - stepping stones - in anticipation of achieving the long-term result: improving the status of young children and their families.

Many of the short term results should be accomplished in the next two to three years. Long term indicators set the bar for the Commission to achieve the highest standard of programs and services possible. The Commission expects its partners, grantees and contractors to seek these results in their efforts to provide programs and services in the County.

The Commission will contract with an evaluation consultant to identify and develop protocols for collecting, reporting, and disseminating data that correspond with the results accountability framework. The evaluation consultant will work with commission staff, contractors and grantees to develop a timely and coordinated system for measuring progress toward meeting short and long term results.

All programs and providers receiving funds from the Commission will be required to participate in a results accountability plan. In this way, the Commission will be able to determine the effectiveness of programs, services and systems supported by Proposition 10 funds, and increase the capability of providers to evaluate their services.

The Commission will conduct annual review of the efficacy of its processes and programs and make adjustments to the strategic plan based on emergent information from the community.

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Resource Allocation

San Benito County's anticipated annual revenue from *Proposition 10* funds will be approximately \$900,000. The budget reflects the Commission's intent to maximize these resources and to allocate the greatest amount possible to directly support early childhood development programs and services in San Benito County.

Funding will be reflective of the priorities, objectives and strategies as presented in the strategic plan. The Commission will support programs that build the capacity of community agencies and organizations to provide services to those in greatest need. Priority will be given to programs and services that demonstrate the ability to develop coordinated, streamlined access to services. Additionally, the Commission will seek to maximize funds by leveraging prop 10 funds with other funding streams and grants.

Anticipated Annual Budget

Programs and Services Fund	80%	\$ 720,000.00
Staffing and Operational Costs	12%	\$ 108,000.00
Program Evaluation	5%	\$ 45,000.00
Trust Account Investment	3%	\$ 27,000.00
Total Anticipated Annual Budget		\$ 900,000.00

"Rollover" Account

In addition to the annual revenue expected during the next fiscal year (July 1, 200 - June 30, 2001), funds have accumulated in a trust account since November 1998. The amount in the accumulation account is approximately \$1,200,000. These funds cannot be expended until the Commission's strategic planning process is completed

Rollover Account Budget

One Time Project Funds	50%	\$ 601,640.00
Trust Account Investment	30%	\$360,984.00
Program Start-up and TA	20%	\$240,656.00

Planning for Sustainability

The Commission recognizes that the amount of funds generated by *Proposition 10* will dwindle in time, based on the projection of decreased smoking rates in California. Therefore, a portion of funds will be allocated annually to sustaining trust fund that will build a continued revenue source, over time, that will to serve the ongoing needs of San Benito County's youngest children. Funds in the trust will be invested and managed to provide a sustainable resource for years to come. In addition to the start-up funds allocated from the "rollover" account, 3% of the annual budget will go into the sustaining trust fund.

Staff and Operational Costs

Administration costs will be kept to a minimum in order to provide that maximum amount of resources for programs and services. San Benito County Health and Human Services Agency will house and administer the staff and operations of the Commission. In this way, the Commission may benefit by accessing staff benefit packages and other indirect business costs at county rates, which will be considerably less money than if the Commission set up its operations as an independent entity. The Commission will maintain all decision making power regarding staffing, fund allocation and operations. Staffing and operational costs will be 12% of the Commission's annual budget.

Programs and Services

The Commission will allocate 80% of annual revenues to programs and services. Funds will be disseminated by means of an open granting process. Requests for Proposal (RFP) will reflect the priorities outlined in the plan A portion of the funding for programs and services may support capacity building efforts in the community, such as ongoing training for grant-funded organizations and building community partnerships.

Program funds may also be allocated as matching funds to organizations that demonstrate an ability to enhance existing programs or leverage opportunities to access other funding streams to support programs that support the targeted population.

Evaluation

In order to develop a timely and coordinated system for data collection, review and dissemination, the Commission will contract with an evaluation consultant. The consultant will assist the Commission to evaluate the rate of progress of toward the strategic results outlined in the plan. Measurement will include the effectiveness of individual programs and services, the processes within which the Commission and its grantees meet identified community needs, and ongoing identification of met and unmet needs. Evaluation expenditures will include purchase of software and other tools for data collection. Evaluation expenditure will be 5% of the annual budget.

Timeline

Strategic Plan Development	March 2000 - June 2000
<ul style="list-style-type: none">• Data collection and review• Community needs assessment• Writing and editing the plan• Community review• Plan Adoption	
Hire Executive Director	July 2000 - September 2000
Develop the RFP	July 2000 - September 2000
Release RFP 2000	September 2000 - November
<ul style="list-style-type: none">• Hold bidders conference• Provide application technical assistance	
Award Contracts	November 2000 - December 2000